

**TRANSYLVANIA COUNTY HEALTH DEPARTMENT**  
**Existing System Inspection Report**  
(For Building Inspection Department)

Date: 12-29-06 Tax ID No.: 8523-76-0696-000 Receipt No.: 86112 \$50

Owner/Agent: HUNT, TED & LINDA

Address: c/o Tom Nunnaley  
884-4850

Phone Number: \_\_\_\_\_

Date System Installed: 10-27-99

Name(s) of Original Permittee: Christanne Arnsdorff

Directions to property: Hwy. 281 north in Lake Toxaway to Gray Bank Road on right beyond Golden Road (formerly Twin Ponds Road) - note the name plate for "Fesler" at the intersection from Gray Bank Rd - take first right up hill to log cabin

<b>Original Cert. of Completion</b>
Name: _____
Date: _____

Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Inspection requested for:

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Mobile home setup | <input checked="" type="checkbox"/> Addition         | <input type="checkbox"/> Business |
| <input type="checkbox"/> Remodeling        | <input type="checkbox"/> Connection to unused system | <input type="checkbox"/> Other    |

No. of bedrooms upon connection/completion: 3 Current no. of Bedrooms: 3

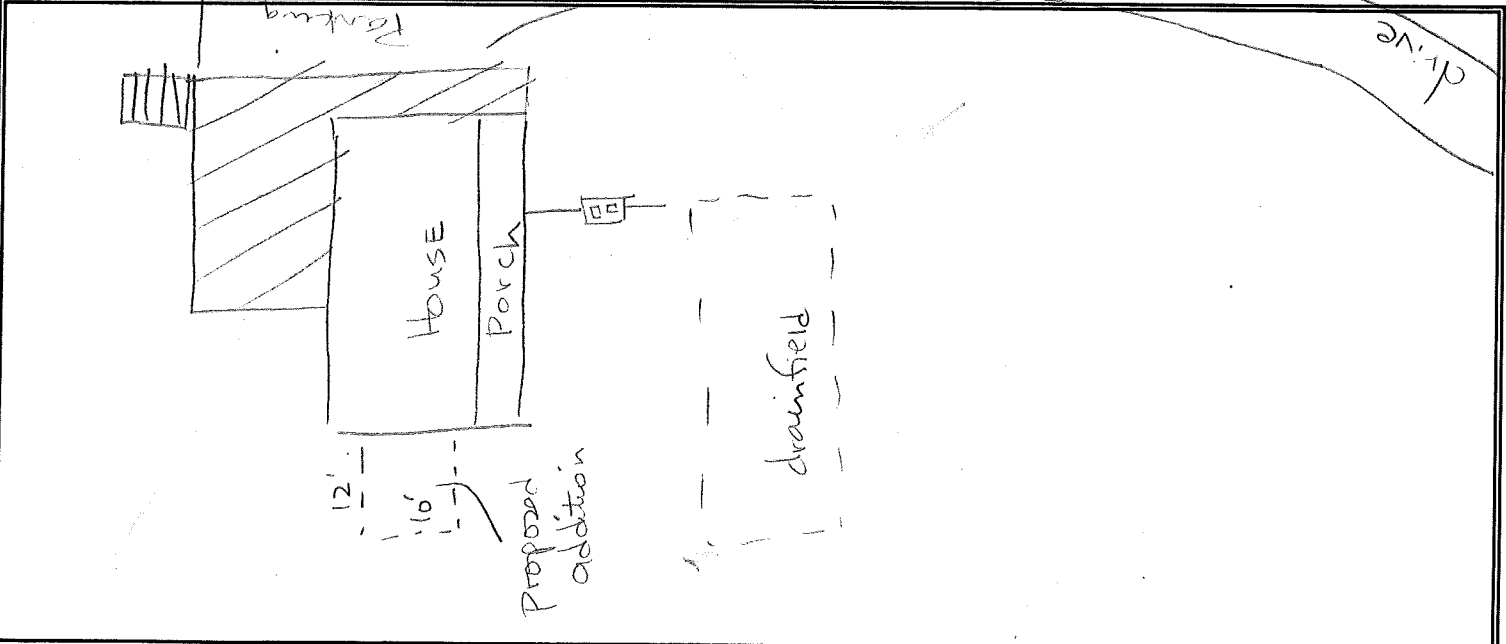
Remarks: Enlarge existing master bathroom (back side of house)

Owner/Agent Signature: [Signature] Date: 12-29-06

At the time of the inspection there was no visible evidence of a malfunction in the system. The system is approved for proposed connections/additions/renovations or other improvements.

Signed: [Signature] Date: 1.4.07

**THIS REPORT IS VALID THROUGH** 4.4.07



Permit #: ARMSTRONG, CHRISTINE Receipt No: adding lines  
 Agent/Owner: ARMSTRONG, CHRISTINE Mailing Address: 465 Kirkstall Trail Alpharetta GA 30202

Home Phone #: (770) 667-5387 Work Phone #: (828) 369-1118 Rob Howell  
 Proposed Buyer: Rob & Country Plumbing & HDG. Mailing Address: Town & Country Plumbing & HDG.

Home Phone #: ( ) Work Phone #: ( )  
 Property Location:  Hwy. 201 North Subdivision:   Phase/Sect:   Lot #:    
 Road/Street:  Hwy. 201 North

Directions to property:  Hwy. 201 N. - 3 miles on right - dirt road on right - location on sign  
 Flood Zone:   Inspections:    
 Yes  No  Unknown  
 Approved  Disapproved  
 Initials:   Date:

Installation for: Mobile Home  Single  Double  House  No. Bedrooms: 3 Basement: Yes  No  With Plumbing: Yes  No  Ind./Commercial  Other   
 If Indust./Commercial/Other:   Number of employees:   Operation: (Describe)   Property contains designated wet lands: Yes  No

Lot size: 1.02 ac. Date lot recorded: 1998 Right of ways, easements, etc. road Water Supply: Private  Spring  Well  Shared Supply  Public/Community   
 I certify the above to be correct to the best of my knowledge. Permission is hereby granted to perform a site/soil evaluation on the property described above. If the information submitted in this application is falsified or changed, the permit shall become void. I understand that it is my responsibility as the applicant/agent/owner to comply with all applicable ordinances, laws, and rules from other agencies that may affect the development of this property.

**ON-SITE WASTEWATER DISPOSAL SYSTEM OPERATIONS PERMIT**

The issuance of this operations permit certifies that the system described on the improvement permit and the construction authorization is properly installed or repaired and that the system is capable of being operated in accordance with the conditions of the improvement permit, Article 11 of Chapter 130A of the General Statutes of North Carolina and the rules adopted pursuant to this Article. This operation permit shall remain in effect as long as the system is operated and maintained as required by the Laws and Rules for Sewage Treatment and Disposal Systems as issued by the North Carolina Department of Environment and Natural Resources, Division of Environmental Health.

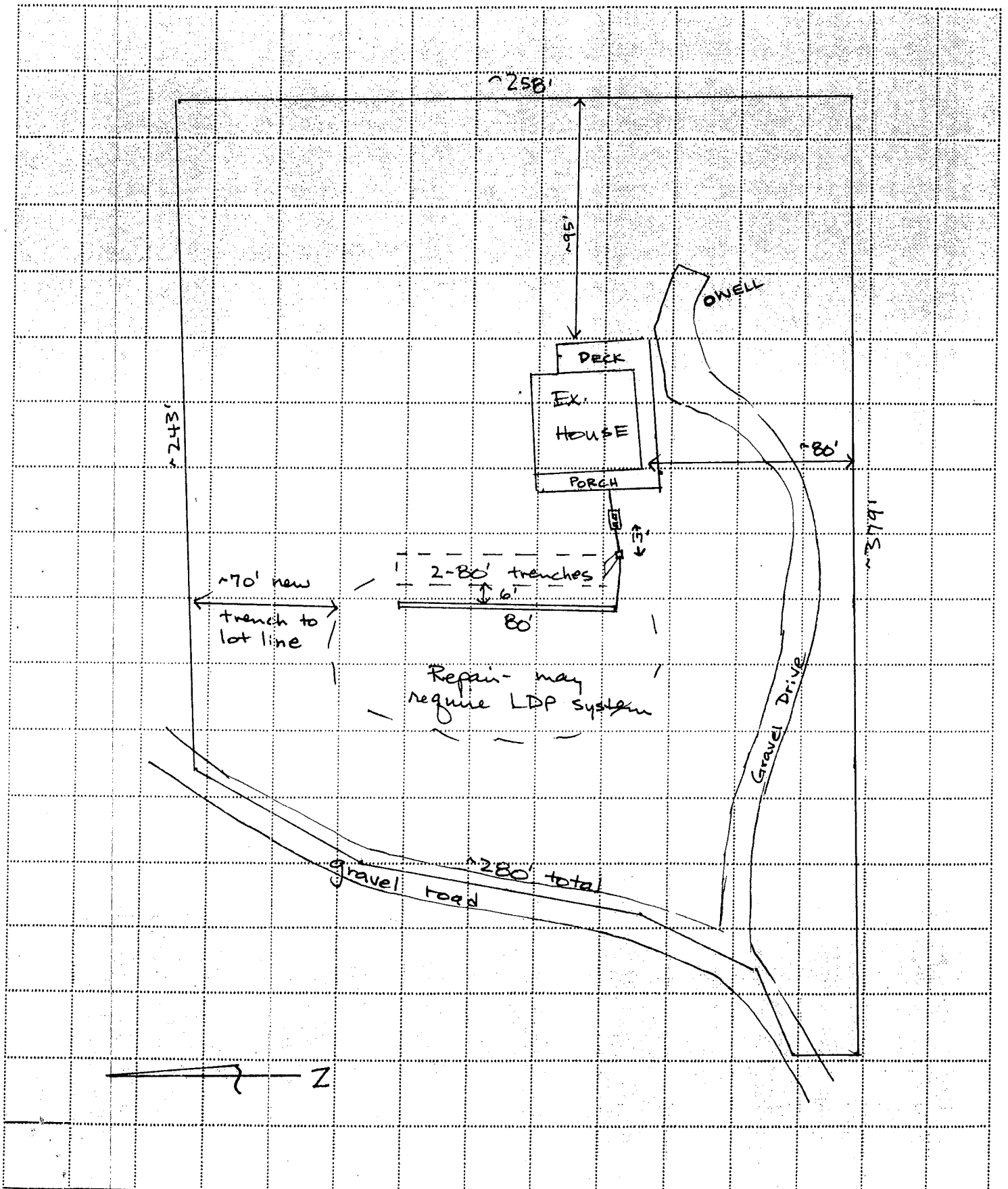
System Classification Type: IIA Management Entity:  Owner  Certified Operator Minimum inspection/maintenance review frequency   years.

Comments:

Installed by: Steve Riddle / Vic Point Final Inspection by: Steve Riddle Date: 10.27.99

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Christianne Arnsdorff Permit No.: 99-292 Pin No.: 8523 76 0696 000



Scale 1" = 50'

# TRANSYLVANIA COUNTY HEALTH DEPARTMENT

## Sewage Disposal System Improvements Permit and Certificate of Completion Sewage Treatment and Disposal Rules (Article 11 of Chapter 130A of the General Statutes of North Carolina)

Date: 9 October 91

PERMIT VALID 5 YRS.  
FROM DATE OF ISSUANCE

Owner/Agent: Barbara Brown/Holden Const.  
Address: POB 157 Lake Toxaway

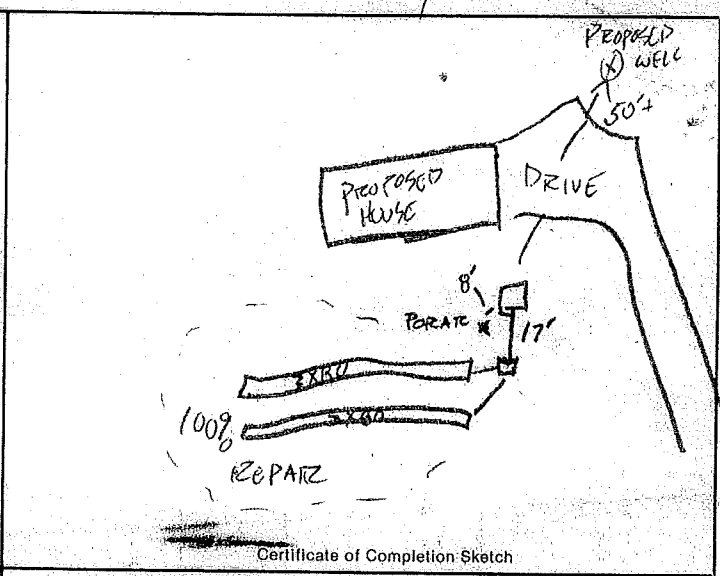
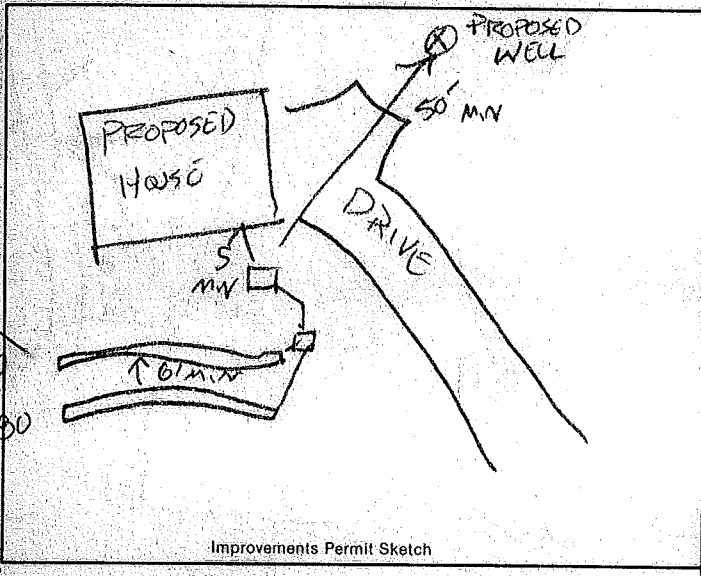
Receipt No.: 0973  
Phone No.: 966-9602

Location of Property: On Hwy. 281 N, 3 miles on R  
1<sup>ST</sup> RT PAST FOSSLER'S (TURN IN AT FOSSLER'S SIGN)

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Section: \_\_\_\_\_ Plat of Property: Yes  No   
Type of Facility: House  Mobile Home  Business  Basement Yes  No  Basement Plumbing Yes  No   
Number of Bedrooms: 2 Number of Bathrooms: 2 Estimated Sewage Flow: 240  
Lot Size: 1.83 Easements, Right-of-Ways, etc.: 1 road Date Lot Recorded: 1988  
Type of Water Supply: Individual—Drilled Well  Spring ; Public/Community

Signature/Authorized Agent: Bill Holden

Date: 10/9/91



Nitrification trenches shall be installed on level grade with contour. Stepdowns permitted only when indicated.

New System  Repair  Addition   
Size of Tank: 1000 Application Rate: 0.59/107<sup>2</sup>H  
No. of Lines: 2 Width: 3 Linear Ft.: 80  
Square Ft.: 480 Maximum Trench Depth: 24"

I understand and agree to install the septic tank system as specified on this Improvements Permit. Permit is void if any changes are made without consent of the Health Department Representative and/or if any false information is supplied in making Improvements Permit.

Signature/Authorized Agent: John K Winston RS Date: 10/10/91

Building Contractor: BILL HOLDEN  
System Installed by: TOXAWAY GRADING

This is to certify that system is installed according to Rules and Regulations but is not a guarantee that it will function satisfactorily for any given period of time.

By: John Winston RS Date: 10/11/91

EXISTING SYSTEM: Addition/Remodeling  Relocation

System functioning properly at time of inspection and is approved for proposed additions/renovations.  
By: \_\_\_\_\_ Date: \_\_\_\_\_